

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90044 044 \*\*\*150.00

**DOCUMENT # P99000027652**

1. Entity Name  
**MICHAEL JOSEPH, INC.**



Principal Place of Business  
**2437 N DIXIE HWY  
FORT LAUDERDALE, FL 33305**

Mailing Address  
**2437 N DIXIE HWY  
FORT LAUDERDALE, FL 33305**

**40123379**



2. Principal Place of Business - No P.O. Box #  
**2757 E OAKLAND PK BLVD**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032007

Chg-P

CR2E034 (12/06)

City & State  
**FT LAUDERDALE FL**

City & State

**FL**

4. FEI Number  
**65-0909513**

Applied For  
Not Applicable

Zip  
**33306**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**JOSEPH, MICHAEL  
2437 N DIXIE HWY  
FORT LAUDERDALE, FL 33305**

## 7. Name and Address of New Registered Agent

Name

**JOSEPH, MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)

**2757 E OAKLAND PK BLVD**

City

**FT LAUDERDALE**

FL

Zip Code

**33306**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**MICHAEL JOSEPH**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**09 July 07**

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**NOTICE NOT RECEIVED**

## 10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **JOSEPH, MICHAEL**  
STREET ADDRESS **2437 N DIXIE HWY**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33305**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
NAME **JOSEPH, MICHAEL**  
STREET ADDRESS **2757 E OAKLAND PK BLVD**  
CITY-ST-ZIP **FT LAUDERDALE, FL 33306**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MICHAEL JOSEPH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**09 July 07**

Daytime Phone

**563-5757**



ATTACHMENT

H0123379

#P99000027652

**Michael Joseph Inc**

2757 E Oakland Park Blvd Ft Lauderdale FL 33306  
Tel. 954-563-5157 [mj@michaeljoseph.com](mailto:mj@michaeljoseph.com)

Divisions of Corporations  
P O Box 1500  
Tallahassee, FL 32302

2007 For Profit Annual Corporation Report

I have included a check for \$150.00; I had not received a Notice.

Thank you,

Michael Joseph, Pres.  
Michael Joseph Inc.